

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Heinz-Josef LENZ, et al.

Title: POLYMORPHISMS FOR  
PREDICTING DISEASE AND  
TREATMENT OUTCOME

Appl. No.: 10/522,664

International Filing Date: 7/31/2003

Filing Date:

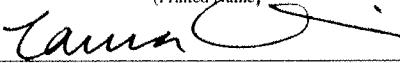
371(c) Date: 8/3/2005

Examiner: Carla J. Myers

Art Unit: 1634

Confirmation

Number: 8635

<b>CERTIFICATE OF ELECTRONIC TRANSMISSION</b>	
I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia via EFS-Web on the date below.	
Laura Davis	
(Printed Name)	
	
(Signature)	
August 10, 2009	
(Date of Transmission)	

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents in connection with the above-identified application:

- Amendment/Reply (12 pages);
- Supplemental Information Disclosure Statement (3 Pages)
- Form PTO/SB/08 (1 page) and copies of five cited references.

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ]	Extension for response filed within the first month:	\$130.00	\$130.00
[ ]	Extension for response filed within the second month:	\$490.00	\$0.00
[ ]	Extension for response filed within the third month:	\$1,110.00	\$0.00
[ ]	Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ]	Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL:			\$130.00
[ ]	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$130.00
[ ]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:			\$0.00
Fees in the amount of \$180.00 to cover the fee associated with an information disclosure statement under 37 CFR §1.97(c)			\$180.00
TOTAL FEE:			\$310.00

The above-identified fees of \$310.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By 

Date: August 10, 2009

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